



Bureau of HIV and STD Prevention

HIV/STD Clinical Resources Division
HIV/STD Epidemiology Division
HIV/STD Health Resources Division

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HIV/STD Policy No. 240.002

CONSORTIA ROLES AND RESPONSIBILITIES

PURPOSE

This policy establishes the roles and responsibilities of consortium. Each HIV Service Delivery Area (HSDA) consortium must have a written agreement or Memorandum of Understanding (MOU) with the administrative agency designated to fiscally manage comprehensive outpatient health and support services.

AUTHORITY

The Texas Department of Health (TDH) provides for the delivery of services to clients through programs operated by the Bureau of HIV and STD Prevention (the Bureau), HIV/STD Health Resources Division (the Division). The Division coordinates all federal and state funds for HIV client services through 26 HIV Service Delivery Area (HSDA) consortia.

Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 created and initially authorized consortia. The Ryan White CARE Act Amendments of 1996 continued the legal authority for consortia's existence.

CONSORTIUM DESIGNATION

A consortium is a nonincorporated, single coordinating organization. It prepares the services plan which is the basis for the application to the State for funds to assure HIV treatment and services within an HSDA (see Ryan White CARE Act, Amendments of 1996, sec. 2613, Grants to Establish HIV CARE Consortia). A consortium determines how federal and state grant funds will be used in its geographic area to treat and provide services to people with HIV/AIDS. Consortium accomplish this by overseeing an assessment of services needed, and developing a plan to provide comprehensive outpatient health and support services for HIV/AIDS clients. A consortium is an association of public, private nonprofit, (private for-profit organizations if they are the only available providers of quality HIV care in the area), and community-based organizations operating within an HSDA. A consortium must include agencies and community-based organizations with a history of providing local, accessible service to persons infected with HIV. This strengthens the capacity of an existing network of experienced providers. Consortium also include individuals who are community leaders, persons representative of populations affected by HIV, people infected with HIV, and family members/caregivers of persons with HIV. The consortium should be broadly inclusive of providers, consumers, and policy-makers concerned about HIV/AIDS within the HSDA.

The TDH requires each consortium to recommend an administrative agency, to accept funds and provide fiscal administration for the consortium for at least twelve months. The administrative agency applies for, accepts, and disburses funds within the HSDA. (See HIV/STD Policy No. 240.004, Selecting and Recommending an Administrative Agency.)

Consortium members cooperatively plan, develop, and provide comprehensive health and support services to local individuals and families with HIV disease. The purposes of community-based consortium are to:

- Provide assurances to the State that their local HIV population and service needs have been identified and addressed in a care plan (see Ryan White CARE Act, Amendments of 1996, sec.2613(b) & (c)).
- Serve as a culturally sensitive bridge to provide outreach and access to existing services for individuals and families with HIV disease, developing a coalition of essential providers,
- Identify gaps in service needs. Establish a continuum of care based on identified client needs,
- Promote coordination and integration of new and existing community resources,
- Ensure continuity of services by providing assistance with continuation of health insurance coverage, and assistance through effective case management (providing individualized medical, mental health, and social service plans for clients, with periodic reevaluation of clients' status), and
- Provide cost-effective alternatives to hospitalization.

ROLES AND RESPONSIBILITIES OF CONSORTIUM

Conduct a needs assessment for the HSDA

- Collaborate with public health and community-based agencies which have local demographic information on the general population of the HSDA, and epidemiological data about HIV disease within the HSDA;
- Consult with area public health entities providing ambulatory and outpatient HIV-related services, with CARE Act Title I and IV grantees, and with representatives of organizations serving men, women (including those who are pregnant, Ryan White CARE Act , Amendments of 1996, sec. 7., Perinatal Transmission of HIV Disease), infants, children, youth, and families with HIV;
- Develop instruments for gathering needs assessment data;
- Include as participants, individuals and families with HIV disease;
- Determine client use patterns of existing services;
- Obtain needs assessment information directly from HIV-infected individuals, including, if possible, both those who use and those who do not use available services. Obtain needs assessment information from providers, caregivers, and key informants. This may be done by using interviews, surveys, organizing town

meetings and focus groups, workshops, hiring outside survey or research groups, and by other effective means;

- Analyze and evaluate objective and subjective needs assessment data;
- Update the needs assessment as required by the TDH; and
- Participate in a statewide coordinated statement of need.

Determine priority services and allocate funds to them

- Develop a funding allocation formula that is based on client needs using needs assessment results (e.g., epidemiological data, key informant and provider surveys, information from HIV infected individuals, provider information showing trends in past program spending, and trend information about the most frequently used services);
- Develop a hierarchy of needs for HIV-infected people in the HSDA based on the needs assessment results;
- Provide services for HIV positive men, women (including pregnant women), infants, children, families, and minorities through subcontractors who are accessible and culturally sensitive to these populations;
- Promote access to Zidovudine treatment for pregnant women and infants with HIV to reduce the risk of perinatal transmission;
- Develop a plan to coordinate Title II with tuberculosis (TB) control activities;
- Work with administrative agencies to initiate, develop and advertise the Request for Application (RFA) or Request for Proposal (RFP);
- Develop the selection criteria tool for reviewing and scoring RFA or RFP responses, and
- Recommend to administrative agencies that they enter into agreements with particular subcontractors to provide client services based on funding allocations and the scoring of the RFA or RFP.

Promote coordination and integration of community resources

- Encourage providers to participate in regular communication and coordination to share information and improve services;
- Determine which services described in the care plan are available and where service gaps exist; and
- Develop a plan to avoid duplication of services.

Assure the provision of comprehensive outpatient health and support services

- Recommend an administrative agency to the TDH after conducting a competitive selection process (see HIV/STD Policy No. 240.004, Selecting and Recommending an Administrative Agency);
- Enter into an agreement (of at least 12 months) with the administrative agency through a Memorandum of Understanding (MOU). TDH advises consortium to seek advice from a legal counsel on developing a MOU;

- Work with the administrative agency to meet the requirements agreed to in the consortium and contractor assurances statements (in the Request for Application). These include assurances about delivery of the care plan, confidentiality, workplace guidelines, etc.; and
- Collaborate with the administrative agency to establish criteria for client eligibility or spending caps, if funding does not allow for all clients in need to receive services.

Evaluate the effectiveness of the service programs in responding to client needs identified by the consortium.

- In cooperation with the administrative agency, using their records of services and expenditures, create and carry out a means of periodically evaluating the consortium's success in: 1) responding to the identified needs of the target population and 2) designing cost-effective mechanisms to deliver comprehensive care (Ryan White CARE Act, 1990, sec. 2613(a)(1)(D)(ii). For example, to evaluate success in responding to service needs, consortium might examine outcome measures such as availability and accessibility of services. Client satisfaction with services and with the consortium's process of decision-making and allocation of resources might be another area of evaluation. Considering the cost per category, or cost per unit of service, could be useful factor(s) in evaluating the cost-effectiveness of different means of delivering services. This information is usually available through the process of competitively awarding funds to service providers, or by reviewing, through administrative agency records, contractors' spending and service history. The consortium or outside consultants might evaluate services and the cost-effectiveness of the consortium process.
- Establish a system for peer review of the administrative agency and its subcontractors. (E.g., peer review of subcontractors might include consortium consultation with public health agencies or HIV community-based organizations which provide services equivalent to those of subcontractors.) These equivalent groups would review the expenditures and services provided by subcontractors for evidence of cost effectiveness and high quality of care.
- Evaluate reports from the administrative agency regarding the status of the HIV care plan.
- Receive regular reports from the administrative agency, on expenditures by service category, to ensure that consortium priorities are receiving and spending funds as approved.

Establish policies and procedures

- Develop written procedures and policies for consortium operation, and
- Develop, revise, and update bylaws.

Conflict resolution, grievance management and complaints

- Provide a way to encourage an internal exchange of opinion in an organized manner,

- Develop procedures for handling contractor or consortium member grievances including mediation and arbitration, if needed,
- Refer client complaints regarding direct service delivery to the contractor, administrative agency or the Bureau for resolution.

REVISIONS

10/25/02 Policy Rescinded

DATE OF LAST REVIEW: November 13, 2002